

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	^{AS FILED}		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1					
2		1				
3		1				
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47						
48						
49						
50						
Total Indep.	4					
Total Depend.	10					
Total Claims	14					